

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001728

1. Entity Name

MPR ENTERPRISES, LLC

Principal Place of Business

3 WEST GARDEN ST., STE. 700  
BLOUNT BLDG.  
PENSACOLA FL 32501

Mailing Address

3 WEST GARDEN ST., STE. 700  
BLOUNT BLDG.  
PENSACOLA FL 32501

2. Principal Place of Business

1553 Winter Springs Blvd

3. Mailing Address

1553 Winter Springs Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Winter Springs FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

59-3631273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, DAVID E  
3 WEST GARDEN ST., STE. 700  
BLOUNT BLDG.  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete  
NAME Manager  
STREET ADDRESS Patricia M. Riddick  
CITY-ST-ZIP 1553 Winter Springs Blvd.  
Winter Springs FL 32708

TITLE ☐ Delete  
NAME Sec-Treas  
STREET ADDRESS Max F. Riddick  
CITY-ST-ZIP 1553 Winter Springs Blvd  
Winter Springs FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500003909235  
STREET ADDRESS -03/26/01-01081-015  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Patricia M. Riddick* Manager  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 3/14/01

Daytime Phone # 407 369-4999

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CR2E083 (11/00)

FILED

01 MAR 20 PM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE